	ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS State File No. 170
	1. PLACE OF BIRTH STANDARD CERTIFICATE OF BIRTH . Registered No
	County Silve State Organs
	District or Township or Village On Soft # St., Ward City Mann (If birth occurred in a hospital institution, give its NAME instead of street and number)
	If child is not yet named, make
4	2. Full name of child
	3. Sex of Child To be answered ONLY 4. Twin, triplet or other 6. Legitimate? 7. Date of birth 1. Day 1. Twin, triplet or other 1. Date of birth 1. Day 1. Twin, triplet or other 1. Date of birth 1. Day 1.
	S. FATHER O. / 14. MOTHER O.
יייאור על ייי	Full name Cascual Son ralez Full maiden namo Gancisca Klondon
	9. Residence (Usual place of abode) Wiani (Usual place of abode) (Usual place of abode)
ted	If non-resident, give place and state. If non-resident, give place and state.
1 1 1	10. Color or race
S Pirth	While 11. Age at last birthday 29 (Years) While 17. Age at last birthday 26 (Years)
der of	12. Birthplace (city or place) . Julian de las Rigges 18. Birthplace (city or place) . Julian de las Rigges 18. Birthplace (city or place)
3 9	(State or country) Latizco. Mexico (State or country) Agricacultule, Mex
;	13. Occupation Jurismayman 19. Occupation house wife
3	Nature of industry Nature of industry
1	20. Number of children of this mother
3	(Taken as of time of birth of child herein certified and including this child). (b) Born auto but now dead. (c) Stillborn
;	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *
į	I hereby certify that I attended the birth of this child, who was (Born slive or stillborn)
\	* When there was no attending physician or midwife, then the father, householder,
;	shows other evidence of life after birth. (Physician or midwife).
i	Given name added from a supplemental report Month, day, year Month, day, year
i	Piled Thu 20, 19 Co-Co-Drag. Registrar. Registrar.
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